

# Quality of Life in Elderly Bladder Cancer Patients Following a Cystectomy

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**Abstract** *Introduction:* Bladder cancer is the ninth most common cancer worldwide. The most common treatment for invasive cancer is radical cystectomy and urinary diversion (ileal conduit, continent urinary reservoir, orthotopic neobladder). In elderly patients, the standard methods of urinary diversion have been the ileal conduit and ureterocutaneostomy. Quality of life is an important consideration for patients with urinary diversion.

*Purpose:* The purpose of the present study was to review the literature on quality of life in elderly patients with bladder cancer following a cystectomy and urinary diversion.

*Material and Method:* A literature review was conducted using the electronic databases PubMed and Google scholar covering the period of time from 2006 to 2016. The following key words were entered: “quality of life”, “bladder cancer”, “elderly” “cystectomy” and a combination thereof. The exclusion criteria for the articles were languages other than English.

*Results:* It was found that various questionnaires were used. Some instruments measure QoL in general, whereas others are more specific with respect to the unique ways in which urinary diversion can impact patients’ lives. Furthermore, some findings are contradictory, with certain results indicating that there is no statistically significant difference between quality of life parameters when comparing patients with a neobladder to those with an ileal conduit. In another study, patients who underwent orthotopic neobladder reconstruction reported significantly better physical functioning, role functioning, social functioning and QoL in general throughout the first postoperative months compared to patients who had ileal conduit formation.

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*Conclusions:* All types of treatment have a number of advantages and disadvantages, the details of which should be explained to elderly patients thoroughly. This calls for comprehensive counseling sessions during which the patient and health professional discuss all relevant considerations.

**Keywords** Quality of life • Bladder cancer • cystectomy

## 1 Introduction

Bladder cancer is the ninth most common cancer worldwide. The most common treatment for high-grade bladder cancer (invasive cancer) is radical cystectomy with extended lymphadenectomy and urinary diversion, which includes ileal conduit, continent urinary reservoir and orthotopic neobladder [1]. In elderly patients, the most often used methods of urinary diversion have been the ileal conduit and ureterocutaneostomy [2].

There are many advantages and disadvantages of orthotopic neobladder and ileal conduit urinary diversions. Orthotopic neobladder may disturb quality of life in elderly patients because there is a risk of nocturnal incontinence and a need for strict postoperative bladder training regime. On the other hand, ileal conduit urinary diversions, may cause some problems, such as the difficulty of self-pouching, but there are fewer complications, there isn't a need for bladder retraining and there not risk of stomal complications [1, 2].

Quality of life is defined as “an individual perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” Quality of life is an important consideration for patients with cystectomy due to its impact on patients' satisfaction with body image and urinary, sexual and social functioning [3].

## 2 Purpose

The purpose of the present study was to review the literature on quality of life in elderly patients with bladder cancer following a cystectomy and urinary diversion.

## 3 Material-Method

A literature review was conducted using the electronic databases PubMed and Google scholar covering the period of time from 2006 to 2016. The following key words were entered: “quality of life,” “bladder cancer,” “elderly” “cystectomy” and a combination thereof. The exclusion criteria for the articles were languages other than English.

## 4 Results

There is a growing body of evidence related to quality of life after radical cystectomy in elderly and younger patients.

Some findings of the studies are contradictory especially these compared quality of life between patients who underwent different surgical procedure.

In one comparative study, researchers investigated quality of life in elderly patients who underwent ideal conduit, ureterocutaneostomy or orthotopic urinary reservoir. Patients in three different groups reported good quality of life but they had different demands and expectations from their surgical procedure. The researchers argued that more efforts should be made in order to explain to elderly patients the advantages and disadvantages of each method [2].

Similarly, in another study was found the same level for all aspects of quality of life in patients who received orthotopic neobladder or received ileal conduit. The authors suggested that the orthotopic neobladder could be suitable for elderly patients [4].

In a recent published study Longo et al. [5] compare patients underwent ileal conduit diversion and patients underwent single stoma cutaneous ureterostomy. The patients with ileal conduit diversion had higher operating times, estimated blood loss, need for intensive care unit stay and length of hospital stay than the others. They concluded that a single stoma is a method without many complications and without significant impairment of quality of life in elderly patients.

Siddiqui and Izawa [6] in their detailed review suggested that ideal conduit after radical cystectomy is the better choice for most elderly patients and this group of patients reported acceptable levels of quality of life.

Furthermore it was found that in the studies used different instruments for measuring quality of life but the most frequently used tools was the EORTC QLQ-C30 and FACT-BL [2, 4]. Undoubtedly, there is a need for further research in this group of patients and future studies should attempt to incorporate larger samples, longer term follow up and validated disease specific HRQOL instruments.

## 5 Conclusions

All types of treatment have a number of advantages and disadvantages, the details of which should be explained to elderly patients thoroughly. This calls for comprehensive counseling sessions during which the patient and health professional discuss all relevant considerations.

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